



**Cal E·M·A**  
CALIFORNIA EMERGENCY  
MANAGEMENT AGENCY

July 8, 2010

Meredith L. Helton  
Chief Probation Officer  
Lake County Probation Department  
201 S. Smith Street  
Lakeport, CA 95453

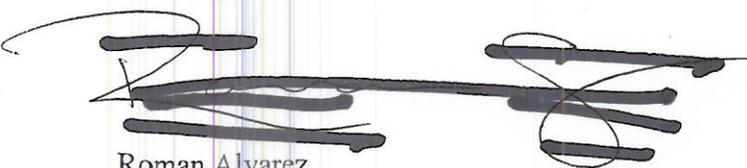
Subject: Site Visit – Evidence Base Probation Supervision (EBPS) Program—Grant  
Award #ZP09010170/Comprised of 09JAGR-\$101,701 dollars.

Dear Ms. Helton:

I would like to take the opportunity to thank you and your staff for the courtesy extended to me during the site visit conducted on June 23, 2010, at the Lake County Probation Department. Enclosed, you will find a Performance Site Visit Report for your ZP09010170 award.

As a reminder, site visits are an opportunity to assist projects in the achievement of their goals and objectives and administering their grant funds in the most effective and efficient manner. As a Program Specialist, I am available to assist you with any questions regarding the grant program. Please do not hesitate to contact me at (916) 324-9150, if I can be of any additional assistance to you in the future.

Sincerely,



Roman Alvarez  
Criminal Justice Specialist  
Public Safety and Victim Services Division

Enclosure

cc: Roxy Smith, Assistant Chief Probation Officer  
ZP09010170 Program Main File

7/8/10 Mailed original to CHIEF, Copy to Asst CHIEF + HQ

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: Evidence Base Probation SUPERVISION

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

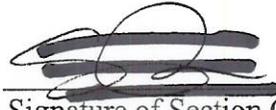
1. GRANT AWARD NUMBER: ZP09010170      DATE OF SITE VISIT: June 23, 2010
2. GRANT PERIOD: 01/01/2010 to 9/30/2012
3. RECIPIENT/IMPLEMENTING AGENCY:  
Lake County Probation Department
4. PROJECT DIRECTOR:  
Chief Probation Officer Meredith L. Helton

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Meredith L. Helton	Chief Probation Officer	Lake County Probation
Roxy Smith	Assistant Chief	Lake County Probation

  
\_\_\_\_\_  
Signature of Program Specialist

7/7/10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Section Chief

7.8.10  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Representative      \_\_\_\_\_  
Date

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

**SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW**

YES    NO    N/A

**1. OPERATIONAL DOCUMENTS**

Review hard copy/verify the ability to access on line:

- |                                                                                                                                                                                                                                  |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

The program acknowledged that they were aware of the above guidelines and their requirements of each document.

**2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY**

- |                                                                                                                                               |                          |                          |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:                                                                                                                  |                          |                          |                                     |
| ○ Bonding company's name                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond number                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Description of coverage                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond period                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Grant award number                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form A, Employee Dishonesty                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form B, Forgery Coverage                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

N/A

**3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)**

- |                                                                                                              |                          |                                     |                          |
|--------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

The program indicated that the facility that the Evidence Base Probation Supervision Program will operate from is an original building, with no new additions or structure modifications.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

YES NO N/A

4. PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

Comments:

The program was prepared to provide an updated copy of their Proof of Authority.

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

Comments:

The program was prepared to provide an updated copy of their programs Organizational Chart.

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

No modification has been submitted at this time. The modification process was reviewed and explained. The program appeared to have a good working understanding of the modification requirements.

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
  - Work hours
  - Compensation rates including overtime and benefits
  - Vacation, sick, and other leave allowances
  - Hiring and promotional policies

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

**SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)**

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file
  - Job application
  - Resume
  - Performance evaluations
  - Salary rates
  - Benefits
  - Current job duties/descriptions
  - Other terms of employment
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the agency’s existing personnel policy?

Comments:

The program informed Cal EMA staff the part time Deputy Probation Officer's position had not been filled, but all policies are available for employee review on the Lake Counties web-site and at the New Employee Orientation.

**8. FUNCTIONAL TIMESHEETS**

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)

Comments:

No functional timesheets have been completed, but it was brought to the programs staff that each timesheet should have the funding source identified that the Grant Personnel are being paid from.

**9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER**

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?   
  - Name of individual who approves purchases.  
Pam Cochrane-County Auditor
  - Name of individual who writes checks.  
Pam Cochrane-County Auditor
  - Name of individual(s) who signs checks.  
Pam Cochrane-County Auditor

Comments:

None

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- |                                                                                                                                                                  | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <b>10. <u>SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]</u></b>                                                                                              |                                     |                          |                                     |
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

The program informed Cal EMA staff that the grant funds are not designated to purchase equipment and no equipment has been purchased with Grant funding. All other documentation is copied and retained and viewed.

### 11. PROJECT EXPENDITURES

- |                                                                                                        |                                     |                          |                          |
|--------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Cal EMA staff provided the programs staff a current Cal EMA Budget Summary Report , Ledger Report, which reflected the programs current balance, and paid 201's. The program will submit a 223 for change of personnel.

### 12. MATCH REQUIREMENTS

- |                                                                              |                          |                          |                                     |
|------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| • Does the project have a match requirement?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

N/A

### 13. EEO POLICY

- |                                              |                                     |                          |                          |
|----------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------------------|-------------------------------------|--------------------------|--------------------------|

Comments:

The program provided copies of the required EEO Policies and were forwarded to Cal EMA EEO Department for review.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

Comments:

The program at this time does not anticipate submitting a modification to change the programs goals or objectives.

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

Comments:

Cal EMA staff reviewed the requirements and due dates for the OMB, PMT, & Quarterly 201's. The program acknowledged that they were aware of the above guidelines and their requirements of each document.

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

Comments:

The program at this time is in the process of developing a data collection and record keeping system and are aware of requirement of maintaining a record keeping and data collection system.

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

Comments:

The program acknowledged that they were aware of the use of Operational Agreements and will create future O/A's with new identified agencies to perform the goals and objectives of the grant.

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

Comments:

Cal EMA staff interviewed the programs staff and it appeared that the staff members had a good working knowledge of the program and the expectations of the grant award guidelines and regulations.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW

*Evidence Base Probation Supervision: Supplemental Programmatic Review sections should be unique to each program. Complete this section to meet your program's specific objectives.*

- |                                                                                     | YES                                 | NO                       | N/A                      |
|-------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Does the project track the following:                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The number of probationers that will be supervised with evidence based practices. |                                     |                          |                          |
| • The age and sex of probationer.                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Those on felony probation.                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Those who successfully complete probation.                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Those who violate their probation.                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The number of revocations due to new charges?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The program acknowledged that they were aware of the above guidelines and tracking information, but advised Cal EMA staff, the tracking system was in the process of being developed and not yet available for review.

- |                                                                                                                                         |                                     |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project track the number of contacts with each active adult probationer in the field, in the office and by phone per month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

Comments: The program acknowledged that they were aware of the above guidelines and tracking information, but advised Cal EMA staff, the tracking system was in the process of being developed and not yet available for review.

- |                                                                                                                                                                                             |                                     |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project track the number of adult probationers referred to outpatient treatment programs (drug/alcohol, domestic violence, anger management, job training & family counseling)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

Comments: The program acknowledged that they were aware of the above guidelines and tracking information, but advised Cal EMA staff, the tracking system was in the process of being developed and not yet available for review.

- |                                                                                                                                                    |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project track the number of days, drop outs, terminated, and successful adult probationers referred to residential treatment programs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

Comments: The program acknowledged that they were aware of the above guidelines and tracking information, but advised Cal EMA staff, the tracking system was in the process of being developed and not yet available for review.

- |                                                                                                                         |                                     |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 5. Does the project have a procurement policy for both goods and services (Consultations and equipment)? (Request copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

Comments: The program acknowledged that they had a policy and that they adhered to the Counties Procurement Policy.

- |                                                                                            |                                     |                          |                          |
|--------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have on-file the following documentation:                              |                                     |                          |                          |
| • Signed MOU's or OA's                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Project specific duty statements , rather than a copy of local agency job classification | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • All source documentation (Modifications/Amendments/201's).                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Project provided training sign in sheets.                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The program acknowledged that they were aware of the above guidelines and had MOU's and other program source documentation for Cal EMA Staff to view. The program indicated that a position was created with the grant funds. The position had not been filled at the time of the visit. Additionally, the program indicated that the counties HR file contained all personnel record information. Lastly, the program was made aware that any provided grant funded training required sign in sheets for participating staff.

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

7. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain.

Comments: The program will not have grant assigned staff assigned to more than one Cal EMA funded project.

8. Does the project track the amount of state moneys expended for programs that are evidence base? If yes, please explain.

Comments: The program acknowledged that they were aware of the above guidelines and tracking information, but advised Cal EMA staff, the tracking system was in the process of being developed and not yet available for review.

9. Does the project have a list of evidence base programs? If yes, please provide a copy.

Comments: The program was not aware of any other evidence base program associated with the Evidence Based Probation Supervision Program.

10. Does the project track the specification of supervision policies, procedures, programs, and practices that have been eliminated? If yes, please provide a copy.

Comments: The program indicated that they do not track any supervision policies, procedures, programs, or practices that have been eliminated.

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**SECTION IV- ADDITIONAL COMMENTS:**

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**NOTES:**

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION III – AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA)  
PROGRAMMATIC REVIEW

- |                                                                                                                                                                                        | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Is the project aware that they must provide Cal EMA with a <u>valid</u> Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The program is aware that they must provide a valid DUN's number that is specific to the counties probation department. At this time the program does not need to update or provide any additional DUN's number information.

- |                                                                                |                                     |                          |                          |
|--------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 2. Is the project aware of the Central Contractor Registry (CCR) requirements? |                                     |                          |                          |
| ○ Register with a valid DUNS number; and                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Renew CCR registration yearly for the life of the grant.                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The program is aware of CCR, but at this time does not need to register or update their DUN's number information. The programs DUN's number information is valid at this time.

- |                                                                                                                                                                                                                         |                                     |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project understand that they report Section 1512(c) information to Cal EMA and <u>not</u> to FederalReporting.gov directly?                                                                                 |                                     |                          |                          |
| ○ Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Completed Jobs Data Collection Sheets are due to Cal EMA by the 3 <sup>rd</sup> working day of each month for JAG funded programs and by the 10 <sup>th</sup> day of the each month for VOCA or VAWA funded programs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The program acknowledged that they were aware of the reporting process for hours worked, Jobs Data Collection due dates, and failure to provide the necessary information can lead to grant suspension or revocation. Cal EMA staff covered the reporting due dates for the OMB, PMT & Quarterly 201's.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project understand that by accepting the grant award, they agreed to:                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                          |
| ○ Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Accounting systems must ensure that ARRA funds are not co-mingled with funds from any other source.                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The program acknowledged that they were aware that they were required to track all ARRA funds, and that no funds would be co-mingled with other funding sources. Also, the program confirmed that their user ID & Password allowed access to the PMT tracking report.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

Comments: The program acknowledged that they were aware of the OMB Circulars, and indicated that they will review current circulars on the provided website if they had any questions or concerns.

6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig).

Comments: The program was aware of the reporting processes to the Federal Department of Justice, Office of the Inspector General, and the additional information could be located on the provided DOJ OIG website.

7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.

Comments: The program acknowledged that they were aware that no ARRA funds could be used to support any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.

8. Does the project understand that by accepting the grant award, they:
- o Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any subrecipient, contractor, or subcontractor; and
  - o Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.

Comments: The program acknowledged that they were aware that they must agree to provide Cal EMA, Federal DOJ, OIG, GAO access to all records related to ARRA funding, and all sub recipients, contractor, or subcontractors. Additionally, the project acknowledged that Cal EMA, Federal DOJ & the GAO may interview any officer or recipient regarding related ARRA transactions.